

Work Order ID 123526

\*123526\*

Page 1

Thursday, August 07, 2014 11:17:52 AM

Item ID: D4871-3 Accept \*N900040100\* Setup Start \*NS1\*

Revision ID: Stop \*NS2\*

Item Name: End Fitting, Eye

Start Date: 8/07/14 Start Qty: 10.00 \*10\* Cust Item ID:

Required Date: 8/07/14 Req'd Qty: 10.00 \*10\* Customer:

Reference:

Approvals: Process Plan: ML3 Date: 1408-11 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4871	REV A

100	Outsource process - Machining	0.00							
*100*									
Outsource5	Memo	0.00							
Outsource process - Machining	ISSUE P/O: <u>25350</u>								
	POSSIBLE SUPPLIER:ATG								
	C OF C IS REQUIRED								

105	Receive & Inspect for Damage & Mat'l Certs	0.00							
*105*									
Packaging	Memo	0.00							
Packaging									

110	QC6- Inspect dimensions to drawing	0.00							
*110*									
QC	Memo	0.00							
Quality Control									

*cmj 14/8/11*

*10x 8014-10-22*

*(10) DAS 38 9-89 14-10-22*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Work Order ID 123526

\*123526\*

Page 2

Thursday, August 07, 2014 11:17:52 AM

Item ID: D4871-3 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: End Fitting, Eye  
 Start Date: 8/07/14 Start Qty: 10.00 \*10\* Cust Item ID:  
 Required Date: 8/07/14 Req'd Qty: 10.00 \*10\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* Purchasing Purchasing	PURCHASING  Memo Issue P/O: <u>25350</u> LPI Per ASTM 1417 LEVEL 2 Certificate of conformaty is required	0.00 0.00	done @ ATG						<u>CL 14/10/23</u>
130 *130* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs  Memo	0.00 0.00							<u>10x SP14-10-22</u>
140 *140* QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00 0.00							<u>D</u> DA: 3E 9-86 14-10-22

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**Work Order ID 123526****\*123526\***

Page 3

Thursday, August 07, 2014 11:17:52 AM

Item ID: D4871-3 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: End Fitting, Eye  
Start Date: 8/07/14 Start Qty: 10.00 **\*10\*** Cust Item ID:  
Required Date: 8/07/14 Req'd Qty: 10.00 **\*10\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Identify as per dwg & Stock Location: <u>87/24</u>	0.00							
<b>*180*</b>									
Packaging	Memo	0.00							
Packaging	IDENTIFY AS PER QSI 044 6.1								
190	QC21- Final Inspection - Work Order Release	0.00							
<b>*190*</b>									
QC	Memo	0.00							
Quality Control									

10x 87/24-10-23

14/10/24 JD

14-10-23

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

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# Picklist Print

Thursday, August 07, 2014 11:17:52 AM

Page 1

Work Order ID: 123526

**\*123526\***

Parent Item: D4871-3

**\*D4871-3\***

Parent Item Name: End Fitting, Eye

Start Date: 8/07/14

Required Date: 8/07/14

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A NEW ISSUE 14-01-28 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4871-3P		Purchased		No			Each	0.0000		10			

**\*D4871-3P\***

End Fitting

M174PH-H900R1.000

Purchased

No

f

70.1400

3.263158

**\*M174PH-H900R1 000\***

17-4SS H900 ROUND BAR 1.00

\*\*

10 x 8014-10-22

\*\*

0214/10/23

Location

Loc Qty

Loc Code

MAT031

70.14

m126952

19.3

m127334

2.84

m128314

48

~~3508721~~

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

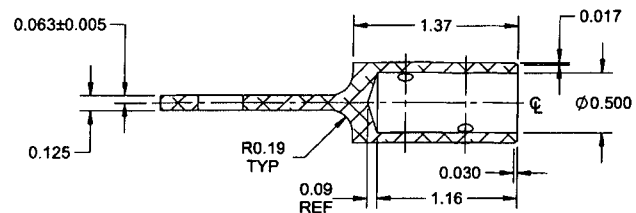
Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

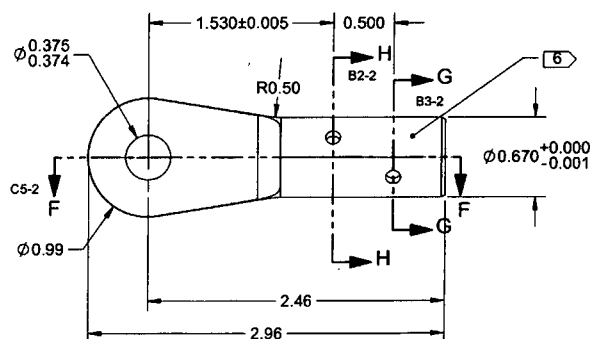
### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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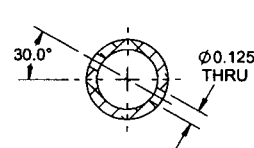




**SECTION F-F B7-2**



**SECTION G-G C5-2**



**SECTION H-H C6-2**

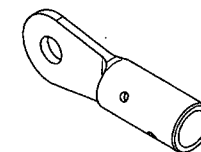
**D4871-3 END FITTING, EYE**

**NOTES:**

- 1) MATERIAL: 17-4 PH/S17400/TYPE 630 SS ROUND BAR, H900 CONDITION  
PER AMS 5643/ASTM A564  
DART SPEC M17-4-R
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.11 lbs
- 8) LIQUID PENETRANT INSPECT PER QSI 038 6.1.1 (ASTM E1417 LEVEL 2)

APPROVED

DESIGN	RF	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	HS	DRAWING NO.	REV. A
MFG. APPR.	JLM	<b>D4871</b>	SHEET 2 OF 2
APPROVED	HS	TITLE	SCALE
DE APPR.	DS	<b>END FITTING</b>	NTS
DATE	13.12.09	COPYRIGHT © 2013 BY DART AEROSPACE LTD	
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.			



RELEASED  
2013-12-12



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

\*\*\*PO REPRINT\*\*\*

Purchase Order ID PO25350

Purchase Order Date 8/11/2014

PO Print Date 8/12/2014

Page Number 1 of 3

Order From :

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

VC-ATG001

Ship To :

DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Contact Name

Vendor Phone 613-446-4544

Buyer

Michael Gregoire

Customer POID

Customer Tax # 10127-2607

Ship To Contact

Terms Net 30

Ship To Phone

Currency CAD

Ship Via

VENDOR'S TRUCK

FOB

FCA - (Free Carrier)

Ship Acct

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req. Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D4871-3P  Manufacture as per drawing D4871 rev.A Batch 123526	End Fitting	10/3/2014 Yes 10/3/2014		10.00 ✓ Each	\$145.00	\$1,450.00
Line Total:							\$1,450.00
2	D4869-1P  Manufacture as per Drawing B4869 rev.A Batch 123304	End Fitting, Eye	10/3/2014 Yes 10/3/2014		10.00 Each	\$135.00	\$1,350.00
Line Total:							\$1,350.00

SP 14-10-22

Note:

8/12/2014



A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE STREET  
ROCKLAND, ON K4K 1T2  
Canada

Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 908952

Date: 22-Oct-14

To

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

CHANTAL LAVOIE  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

Terms		Ship Via	
Quantity	Description		
	PLEASE REFERENCE THE PACK LIST NUMBER ON ALL CORRESPONDENCE TO THIS SHIPMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL AT (613) 446-4544.		
10 ea	Part: D4871-3P END FITTING Job: 16840	Rev: A PO: PO25350 Line: 1	SP1410-22
DATE : 22 Oct 2014			
CERTIFIED SIGNATURE :			
RECEIVER SIGNATURE : _____			
Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt.			
CERTIFICATE OF CONFORMANCE			
A.T.G. INDUSTRIES INC. CERTIFIES THAT ALL ITEMS IN THIS SHIPMENT CONFORM TO THE REQUIREMENTS.			
MADE IN CANADA.			



# F.A.I.

## First Article Inspection Report

#

542

Requesting Company:	Dart Aerospace	PO#:	PO25350	Line:	1	Qty:	10
Part Number:	D4871-3P	Rev:	A	Part Description:	End Fitting		
FAI Supplied by:	A.T.G. Industries Inc.	FAI Prepared by:	Emily Louis-Seize	Date:	14-Jul-14		
Qty Inspected:	10	FAI Inspected by:	Mike Csontos	Date:	21-Oct-14		


### Material and/or Special Processes

Type	Description	Specification Number/Code	Certificate of Conformance Number:
Material	17-4SS H900		Supplied by Customer
Special Process	Liquid Penetrant		PO#: 20140418

### Inspection Information and Results

Char#	Location	Requirement	Result	UoM	Pass/Fail	Measurement Equipment:	Operation #:
1	D7	.063±.005	.062	inch	Pass	Micrometer	2
2	D6	1.37	1.371	inch	Pass	Caliper	2
3	D5	.017	.016	inch	Pass	Comparator	1
4	D5	Ø.500	.502	inch	Pass	Gauge Pin	1
5	C5	.030	.031	inch	Pass	Comparator	1
6	C5	1.16	1.158	inch	Pass	Depth Micrometer	1
7	C6	.09 REF	.115	inch	Pass	Depth Micrometer	1
8	C6	R.19 TYP	.19	inch	Pass	Radius Gauge	2
9	C7	.125	.125	inch	Pass	Caliper	2
10	C7	Ø.375/.374	.3742	inch	Pass	Gauge Pin	2
11	C6	1.530±.005	1.530	inch	Pass	Height Gauge	3
12	C6	R.50	.50	inch	Pass	Comparator	1

## Inspection Information and Results

Char#	Location	Requirement	Result	UoM	Pass/Fail	Measurement Equipment:	Operation #:
13	C6	.500	.500	inch	Pass	Height Gauge	3
14	C5	Note 6	✓	n/a	Pass	Visual	3
15	B5	Ø.670+.000/-0.001	.6699	inch	Pass	Micrometer	1
16	B6	2.46	2.458	inch	Pass	Caliper	2
17	B6	2.96	2.957	inch	Pass	Caliper	1
18	B7	Ø.99	.998	inch	Pass	Caliper	1
19	B3	Ø.125 thru	.125	inch	Pass	Gauge Pin	3
20	B4	30°	30°	degree	Pass	Comparator	3
21	B2	30°	30°	degree	Pass	Comparator	3
22	B3	Ø.125 thru	.125	inch	Pass	Gauge Pin	3
First Article Inspection Report Approved and Completed in Full by:							
				Date: 22-Oct-14			

**skyservice****Work Order Traveler**

Sky Service F.B.O. Inc.



DOT APP 53-89 / EASA 145.7142 / BDA AMO 385

<b>WO #:</b> MWO22460	<b>Customer:</b> ATG Industries Inc	<b>Dept:</b> NDT YUL	<b>Reference:</b> 20140418
<b>Descr:</b>	<b>PN:</b>	<b>S/N:</b>	<b>Qty:</b> 1
<b>Make:</b>	<b>Model:</b>	<b>Reg:</b>	<b>A/C S/N:</b>
<b>TSN:</b> 0	<b>CSN:</b> 0	<b>TSO:</b> 0	
<b>Task:</b> UNSCHEDULED			<b>Sequence:</b> 1

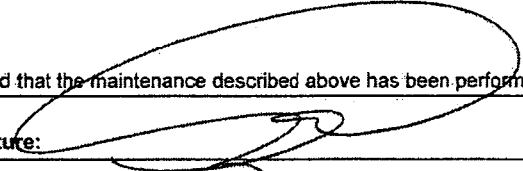

**Work Required:**

CARRY OUT NDT ON 62 PARTS AS PER PO : 20140418

P/N D4871-3P REV: A QTY: 11  
P/N D4869-1P REV: A QTY: 11  
P/N D4884-3P REV: A QTY: 10  
P/N D4871-1P REV: A QTY: 10  
P/N D4808-1P REV: A QTY: 7  
P/N D4808-1P REV: A QTY: 13

<b>Action Taken:</b>						<b>Date:</b>	<b>Initial/Stamp:</b>
LIQUID PENETRANT INSPECTION CARRIED OUT AS PER QSI 038 6.1.1 & ASTM E-1417M-13  NO CRACK FOUND  PEN.(ZL-37 , B#10A070), DEV.(SKD-S2,B#13D14k) , EMU.(ZR-10B,B#10A074).						OCT 17 2014	 
Description	Location	P/N	Qty	Batch	S/N Off	S/N On	

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

<b>Signature:</b> 	<b>ACA/SCA Stamp</b> 	<b>Date:</b> OCT 17 2014
<b>Name:</b> RAFIK MELIKIAN		

**COPY**